MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 10/686223

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2		1		1		
3		2		2		
4		1		2		
5		1		2		
6		1		2		
7		1		2		
8		1		2		
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TOTAL IND.	1		1			
TOTAL DEP.	11		19			
TOTAL CLAIMS	12		20			

	IND	DEP	IND	DEP	IND	DEP
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